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CONFIRMATION NO. 8225

<b>SERIAL NUMBER</b> 10/821,120	<b>FILING OR 371(c) DATE</b> 04/07/2004 <b>RULE</b>	<b>CLASS</b> 702	<b>GROUP ART UNIT</b> 1631	<b>ATTORNEY DOCKET NO.</b> 7553.00060 / 04-0420
<b>APPLICANTS</b> Stephen J. Brown, Woodside, CA; Geoffrey J. Clapp, Mountain View, CA;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/461,105 04/07/2003 and claims benefit of 60/461,526 04/08/2003				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 06/21/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>[Signature]</i> 25 May 2007 Examiner's Signature Initials		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 31	<b>TOTAL CLAIMS</b> 1
<b>INDEPENDENT CLAIMS</b> 1				
<b>ADDRESS</b> 60683				
<b>TITLE</b> Method and system for integrating feedback loops in medical knowledge development and healthcare management				
<b>FILING FEE RECEIVED</b> 900	<b>FEES: Authority has been given in Paper</b> No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	